09/425693

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application of Docket Number

PA-5265 PS

| CLAIMS A | S FILED - PART (Column 1) | | SMALL E | NTITY | | OTHE | RIHAD |
|--|-----------------------------------|----------------------------|-------------|------------------------|----------|---------------------|------------------------|
| TOTAL CLAIMS | 21 | (Column 2) | TYPE [| FEE | OF | RATE | |
| OR ; | NUMBER FILED | NUMBER EXTRA | BASIC FE | 2.72/6 | OF | V. MALLAND | 710.00 |
| TOTAL CHARGEABLE CLAIMS | 2/minus 20= | • 1/ | X\$ 9= | | OF | - WAR | IQ eo |
| NDEPENDENT CLAIMS | 3 minus 3 = | • 4 | X40= | | | -X80= | 14/1/200 |
| AULTIPLE DEPENDENT CLAIM P | RESENT | | 105 | 755 | OF | 17.000 | N. E. |
| If the difference in column 1 is | less than zero, enter | "0" in column 2 | +135= | 1000 | OF | Ash Janes and | |
| | MENDED - PAR | | TOTAL | 20.0.4 | | | THAN |
| A (Column 1) | (Colur | nn 2) (Column 3) - | SMALL | ENTITY. | , OR | SMALL | THE CHANGE OF E |
| CLAIMS REMAINING ACTER | HIGH NUM PREVIO | PRESENT EXTRA | RATE | ADDI: | | ring: | ZADDI- TIONAL |
| Cotal 2 | Minus . | 2/ = 3 | X\$ 9= | SIFEE | OF | XSIG | STEEL STATE |
| independent • 3 | Minus | 3 | X40= | | OR | - X80= | |
| FIRST PRESENTATION OF MI | | | +135= | | 经 | +270± | |
| Best Ava | ilable Co | py - | TOTAL | | OF So | ADDIT FEE | 97.762 |
| (Column 1) | (Colum | nn 2) (Column 3) | ADDIT. FEE | | | ADDIT FEE | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUMI PREVIO PAID. | PRESENT EXTRA | RATE. | ADDI- TIONAL FEE | | PATE | TIONAL |
| iTotal 45 | Minus • 2 | 4 - 21 | X\$ 9= | | OR | X\$18= | 3283 |
| Independent • 5 | Minus | 3-2 | X40= | | OR | X80- | 118: |
| FIRST PRESENTATION OF MU | JLTIPLE DEPENDENT | CLAIM. | +135= | | OR | +270= | |
| | | | TOTAL | • | OR | TOTAL | |
| (Column 1) | (Colum | nn 2) (Column 3) | ADDIT. FEE! | | | ADDIT. FEE | |
| CLAIMS REMAINING AFTER AMENDMENT Total - 6 Independent - 5 | HIGHI NUME PREVIO PAID F | EST DER PRESENT USLY EXTRA | BATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 4 8 | Minus •• C/ | F = V | X\$ 9= | | OR | X\$18= | 18 0 |
| independent • | Minus ••• 5 | 9 | X40= | | | X80= | |
| FIRST PRESENTATION OF MU | JLTIPLE DEPENDENT | CLAIM | | | OR | | |
| If the ntry in column 1 is less than th | entry in column 2, write | "0" in column 3. | +135= | | OR | +270= | |
| " If the "Highest Number Previously Pa ""If the "Highest Number Previously Pa | id For IN THIS SPACE is | less than 20, enter "20." | ADDIT. FEE | | OR | TOTAL ADDIT: FEE | • |

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 925-693 Effective October 1, 2001 **CLAIMS AS FILED - PART I SMALL ENTIT** OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE **FOR BASIC FEE** NUMBER FILED NUMBER EXTRA 370.00 BASIC FEE OR 740.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84± OR MULTIPLE DEPENDENT CLAIM PRESENT +140 =+280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY **SMALL ENTITY** (Column 1) OR (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OB Independent Minus X42 =X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-NUMBER REMAINING **PRESENT** AMENDMENT RATE TIONAL RATE **AFTER PREVIOUSLY** TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18≃ OR Independent Minus = X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA** AMÉNDMENT PAID FOR **FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus i ***, X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT, FEE ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.